

she lost her government health insurance.

She was recently diagnosed with breast cancer. She tried to get private insurance. None of them would cover her. And I realized that she is now going to slowly die because she could not get health insurance coverage.

She could not go into an emergency room and get treatment because her breast cancer had not progressed to that point. But one day she is going to get to that point. She will go to an emergency room; she will get treated for a few days; and then she will die. And I thought, in a country as great as America, that should never be happening.

Now that the Affordable Care Act is the law of the land, you cannot be discriminated against because of your pre-existing conditions. There are some incredibly amazing elements of this law. That is why the Republicans could not repeal it. Because the American people, after looking at it for 7 years, the majority said, you know, this is a pretty good deal. Is it the best deal? No. We could definitely make it better.

Mr. Speaker, Representative GALLEGO and I are offering to the Republicans and Speaker RYAN to engage in bipartisanship. The one thing we are asking the Speaker to do is to not enable the President to sabotage the Affordable Care Act. Not only is that wrong, but it would be enabling his dereliction of duty, and it will cause millions of Americans to suffer greatly just out of spite.

Mr. Speaker, I yield to the gentleman from Arizona (Mr. GALLEGO).

Mr. GALLEGO. Mr. Speaker, if you want to hear some ideas—and I think it is important that instead of just us knocking what was introduced, we could also give some ideas—certainly, for me, and I think I am also speaking for TED LIEU, we would prefer to have Medicare for all, so people have a stable insurance, a system that we know works, a system that actually brings down costs. But if we can't do that, there are many things we can do in the meantime.

Why not drop the age of Medicare eligibility to 55? If you do that, you are going to also decrease premiums for people who are not on Medicare, people who are just buying private health insurance. You could be on Medicare at 55 and still be working.

What about for those counties that don't have private insurers on the subsidized market? They should be able to buy into the Federal health insurance plans of all of the workers who live in those districts, or buy into the plans that TED and I have. Why can't we let them do that?

Why not cover every U.S. citizen up until the age of 18 under Medicaid to relieve the parents of that burden?

We can also start looking at community health centers, reinforcing those to make sure that we are taking the poorest of the poor who actually cost the most when it comes to healthcare

costs and, instead of forcing them into a hospital or into a primary care situation, they could get consistent care without putting a burden on the overall medical system.

There are tons of ideas that we could be working on with our colleagues that will, again, fulfill President Trump's goal of lower costs, lower premiums, and better healthcare outcomes. So this doesn't have to be a static situation. This doesn't have to be an either/or.

President Trump is making it sound like, because we did not pass his idea of reform, we must collapse the whole system. That is unnecessary, that is irresponsible, and that is not how adult people that legislate act.

You can fix this. We can fix this so more people can have healthcare coverage, more people can have that security that they are going to always have health insurance so they can go and start a business and know they are going to have health insurance, know that they can send their kid to college and they are still going to have health insurance, know that they can retire knowing that they have been healthy the whole time and they are going to have a good, dignified retirement because we had made sure that we established a good healthcare system from the time they were born until the time they retire.

This is possible. This is possible.

Mr. TED LIEU of California. Mr. Speaker, in conclusion, the House of Representatives is going to go on recess in August. Now is the time for millions of people across America to contact their Member, ask them to hold townhalls, ask them to explain their vote on the awful TrumpCare legislation that passed the House, and ask them to now work with Democrats and work on a bipartisan basis to improve ObamaCare. Now is the time for millions of Americans to speak up. They have the entire month of August to contact their Member of Congress, and I urge them to do so.

Mr. Speaker, I yield to the gentleman from Arizona (Mr. GALLEGO).

Mr. GALLEGO. Mr. Speaker, lastly, I will close with this. If you were one of those Members of Congress, if you are a Republican Senator or a Republican Member of Congress who voted to gut the Affordable Care Act, there is time. There is a way to come back from that really bad decision. You can turn around and start working for the betterment of this country by trying to fix the Affordable Care Act.

The American public will look kindly upon those legislators who are here to work in a bipartisan manner to, again, lower costs, lower premiums, and provide more coverage and better healthcare outcomes. There is time to do this. But there is not time for more opportunities to gut this, for more time to kick people off Medicaid, or for more time to create some kind of situation that is only go to raise premiums.

If we allow Trump to actually, in his words, make the whole thing fail, it is not ObamaCare that fails, it is not the Affordable Care Act that fails—it is the American people that fail. He is playing a game with the lives of the American people.

What he is going to do is he is going to cause millions of people to either lose their insurance because insurance companies are going to have to start shedding people, or premiums are going to end up going up because, if he creates instability in the market, these insurance companies are going to try to recoup their costs somehow, and it is going to discourage younger individuals from actually coming on and buying into the ObamaCare insurance pool, which, again, will raise premiums. This is unnecessary.

Mr. Speaker, for those Members of Congress and those Senators who want to work with us, the first step is to encourage and stop the President from sabotaging the Affordable Care Act and to work diligently in a bipartisan manner to fix the Affordable Care Act and cover more people.

Mr. TED LIEU of California. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. Members are reminded to refrain from engaging in personalities toward the President.

CONTINUATION OF THE NATIONAL EMERGENCY WITH RESPECT TO LEBANON—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 115-59)

The SPEAKER pro tempore laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, referred to the Committee on Foreign Affairs and ordered to be printed:

To the Congress of the United States:

Section 202(d) of the National Emergencies Act (50 U.S.C. 1622(d)) provides for the automatic termination of a national emergency unless, within 90 days of the anniversary date of its declaration, the President publishes in the *Federal Register* and transmits to the Congress a notice stating that the emergency is to continue in effect beyond the anniversary date. In accordance with this provision, I have sent to the *Federal Register* for publication the enclosed notice stating that the national emergency with respect to Lebanon that was declared in Executive Order 13441 of August 1, 2007, is to continue in effect beyond August 1, 2017.

Certain ongoing activities, such as continuing arms transfers to Hizballah that include increasingly sophisticated weapons systems, undermine Lebanese sovereignty, contribute to political and economic instability in the region, and continue to constitute an unusual and extraordinary threat to the national security and foreign policy of the United States. For this reason, I have

determined that it is necessary to continue the national emergency declared in Executive Order 13441 with respect to Lebanon.

DONALD J. TRUMP.
THE WHITE HOUSE, July 28, 2017.

MEGAN RONDINI

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2017, the gentleman from Texas (Mr. POE) is recognized for 60 minutes as the designee of the majority leader.

Mr. POE of Texas. Mr. Speaker, I want to talk today about a person, a person that I never got to meet, but this is her story, and this is her story from her point of view and the information that I have received from people who knew her, including her parents, her aunt, and some of her friends. And, like I said, I don't know the real facts of this case. I am just giving you my opinion, and I am here today to tell Megan Rondini's story, because she can't tell her case, Mr. Speaker.

I am co-chair of the Victims' Rights Caucus, along with the gentleman from California (Mr. COSTA), my friend. I was a former prosecutor in Houston, Texas, for 8 years. I tried felony cases. And then I was a criminal court judge for 22 years, seeing all kinds of violations of the law. I mention that because that is the background from which I speak.

Over that time, I knew a lot of victims of crime. Too many victims of crime worked their way through the courthouse. I am going to talk about another one today: Megan Rondini.

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She was 19 or 20 when she was a student at the University of Alabama, and on July 1, 2015, Megan and some of her friends, sorority friends, went to a nearby bar, as we would term it in the old days, where a lot of students in Tuscaloosa, Alabama, went for meeting other folks and hanging out.

She came in contact with an individual whose name was Terry Jackson Bunn, Jr. His nickname was Sweet T.

Sweet T—being from the South, you can understand somebody being called that, Mr. Speaker.

He was a patron of this establishment. He was older. He was in his early thirties. Megan was approximately 20.

He invited her to go over to his house, to look at his house, because he and his family live in a big mansion in Tuscaloosa, Alabama. She agreed to go. He went with another individual that he knew, and they went over to his house.

They go upstairs, and here is where the problem and the crime apparently started. He takes her into his bedroom. She says: This is not a good idea.

She may have been intoxicated, but apparently later during that evening, she is drugged or under the influence of drugs and really was not coherent during this time, according to her, later.

He sexually assaulted her. She did not consent. She did not consent. And

she, from that day on, told everybody who talked to her about this case she did not consent.

He had sexual intercourse with her. He falls asleep on the bed.

She gets up. She tries to get out of this upstairs room. There is a dead bolt on the door, apparently. She couldn't get out. She couldn't figure out how to get out, so she climbs out the second-story window in the middle of the night and jumps from the second-story window to a trash can on the ground.

She doesn't have her keys. She didn't know where they are. So his car is parked there, a Mercedes, sleek Mercedes, which he picked her up in earlier. She gets in the car, looks for her keys.

She doesn't have any money, so she takes money out of the vehicle to call a cab, to pay for the cab so she could get away, and the cab later shows up.

During this time, she is texting her friends, asking for them to come get her. The text messages maybe didn't make a whole lot of sense because of the condition that she is in.

She eventually gets to the hospital, the place where sexual assault victims usually go first to get medical attention. She goes to the hospital there in Tuscaloosa, Alabama, and while there, she told her story, even though she was somewhat still under the influence of drugs, probably. And while there, a Women and Gender Resource Center advocate shows up at the hospital.

The hospital people take what we call in the vernacular in law enforcement, as you used to be, a rape kit. It is called a sexual assault kit now. They take that sexual assault kit and they perform that examination, but they didn't take any blood and they didn't take any urine and they didn't test Megan for whether she was under the influence of drugs. They did the sexual assault kit.

Along the route, the sexual assault kit gets to the sheriff's department, and we don't know what happened to it after that. It was never tested. As far as I know, it hasn't been tested yet. They don't know where it is. Maybe the sheriff's department has it, maybe they don't, but that sexual assault kit, like I said, was never tested.

So after she is there, or while she is there, the police, the sheriff's department show up and they question her briefly. It appears that these two homicide detectives heard her story, and they didn't take any notes about it. They just listened to her story.

What transpired there maybe was not a lot of information given to the police, except she told her story. She told the police she didn't consent, that she may be under the influence of drugs, drug-induced rape, and they left.

The next morning, Megan, staying up all this time, the police, either at the first or the second interview, wanted to know why she didn't physically resist, why she didn't fight back this older man. And she was under the influence of drugs.

Under most laws in most States, she couldn't physically fight back, and that is the lack of consent. She didn't give consent. And it is still sexual assault, but apparently not so to the sheriff's department in Tuscaloosa, Alabama. She didn't fight back.

Now, I am older than you are, Mr. Speaker, but I remember the days of these old, archaic rape laws where, in many States, the victim had to fight almost until death. The statutory limitation on sexual assault or rape was 1 year. That is when the victim only had a year to have that case indicted. And there are some other things about the old law that we both know, but I will get to that, hopefully, later.

But it was obvious to her, either at the first interview and at least the second interview, the sheriff's department did not believe her. When she told them who the alleged perpetrator was, Sweet T Bunn, they seemed to back off the prosecution.

Sweet T Bunn comes from a family in Tuscaloosa, Alabama, well-known, prominent citizens. The Bunn folks run a construction company, probably built every road in Tuscaloosa, Alabama. Everybody knew who they were. And they backed off, according to her, of the investigation, still not taking, apparently, any real notes.

On the second interview later that morning with the police, the police started accusing her of committing a crime. So the victim no longer is the victim, but becomes the accused, the defendant, about the money that she took from Bunn's car so she could get a cab to flee the perpetrator.

The police interviewed TJ Bunn. He first denied she was ever at his mansion, and then later he changed his story, as accused individuals tend to do, and then said it was consent, that she consented to everything and that this is not a criminal case. And the police further backed off and then later said to Megan: We think we are going to prosecute you for theft of that money to get home and get away from the offender unless you drop the charges, the accusations against Sweet T.

Mr. Speaker, we need, as a community, to understand and put ourselves in the place of this girl who is alone. And I believe, all through that night, she made the best decisions she could to get help, and everywhere she turned, people turned her down.

Now, I don't know what most victims would do in this case, but she didn't know what to do. She called her mom in Austin, Texas. Mom quickly gets in her car and starts driving to Alabama, as mothers do, wanting to know how she should handle this particular situation: she is becoming the accused. And that is the trump card that the police put on her: You back off the prosecution, and we won't prosecute you for theft and maybe other crimes that you committed.

So Megan left, not knowing what to do.